

TAMALA HOLLAND  
PARALEGAL SPECIALIST  
DESIGNATED OFFICE  
301-308-5463

BEST AVAILABLE COPIES

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE		
						APPLICANT(S)			
						CLAIMS			
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	/	/	/	/	X				
2		/		/					
3		/		/	X				
4	/		/		X				
5		4							
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TOTAL NO. DEP.					1				
TOTAL DEP.									
TOTAL CLAIMS									